

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**09/700057**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1											
2		1										
3		1										
4		31										
5		13										
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TOTAL IND.	3											
TOTAL DEP.	36											
TOTAL CLAIMS	39											
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TOTAL DEP.												
TOTAL CLAIMS												